IREDELL COUNTY HEALTH DEPARTMENT 4635-68-2281

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Frank Phillips DATE 10-19-82 PERMIT NO. 329

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 At end Across from Stutts Marina

S. R. No. _____

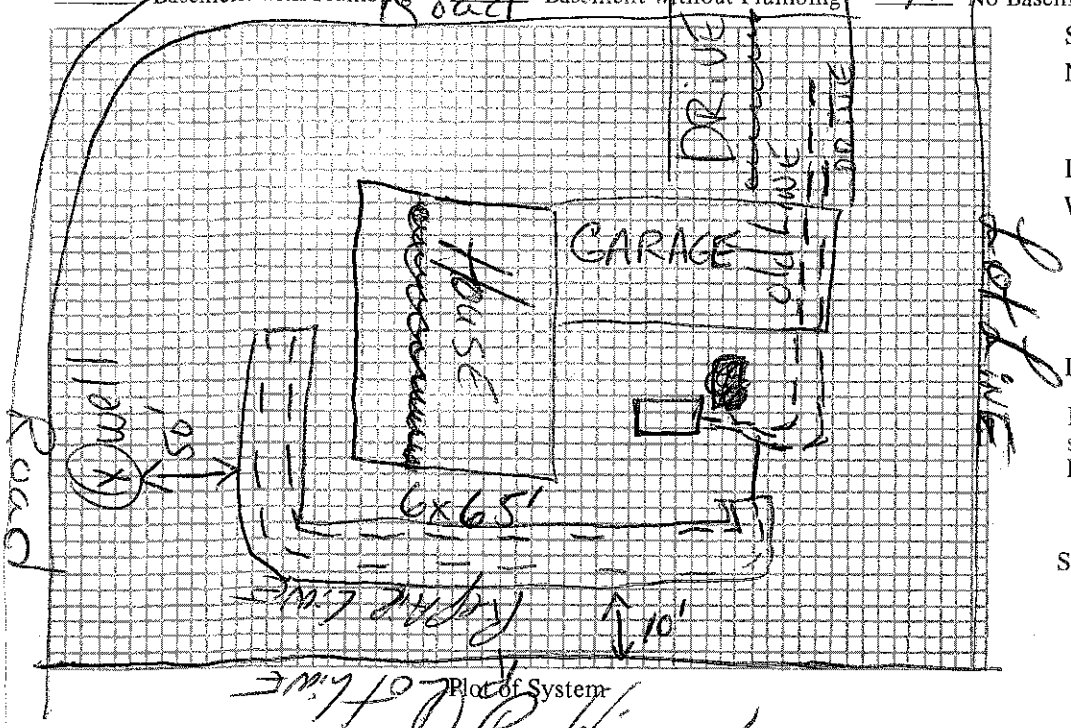
SUBDIVISION NAME Imperial Point LOT NO. 38 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 2 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area ~½ ACRE

Character & Porosity of Soil Sandy loam
Percolation Rate 2 - 60 min.
Topography Unknown
Depth to Water Table None observed
Rock or other impervious formations

_____ Basement with Plumbing Road cut _____ Basement without Plumbing X No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 390 Linear Ft. 130'
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by J. R. Bowles

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY O. R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 10-19-82

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold